Date of Application:	
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REGISTRATION FORM

The Los Angeles Centralized Eligibility List (LACEL) connects low-income families with subsidized child care and development services as spaces and funding become available. By completing this form, you are registering on the LACEL. The information you provide determines your eligibility for subsidized child care and development services. Programs providing subsidized child care and development services search the LACEL for eligible families. When your family has been contacted for enrollment, you will have to document the information you provided on this form to make sure you are eligible before you enroll your child. All information is confidential. LACEL is administered by the Office of Child Care under the auspices of the Los Angeles County Child Care Planning Committee. For more information contact the Office of Child Care at (213) 974-1664 or visit the Web site at www.childcare.lacounty.gov.

PARENT/GUARDIAN # 1 Last name:		First name:	(iviust provide information on al	adults in the household) Primary language:					
Street addres	SS:	City:		Zip Code:					
Hama abasa		Mantenta and		•					
Home phone	:	Work phone:		Cell phone:					
Are you currently receiving cash aid? Yes No If NO, have you received cash aid within the last two years? Yes No									
If YES last date of cash aid payment:/									
REASON FOR NEEDING CHILD CARE (Check all that apply) Under Working (Employer's Name/Zip Code:) Looking for Work									
□ Attending	School or Job Training (Name of School	ool/Zip Code:)_	Dod do march of our district for	☐ Homeless/Seeking ho					
□ Medically	Incapacitated/Disabled INCOME (Write total		Part-day preschool experience for taxes and deductions, for each		☐ Migrant Worker				
MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE				
\$	Wages/salaries or income from self-employment	\$	Spousal Support	\$	Food Stamps				
\$	Social Security Benefits	\$	State Disability	\$	Unemployment benefits				
\$	Worker's Compensation	\$	Child Support	\$	Pensions/Annuities				
\$	State Supplemental income	\$	Adoption Subsidies	\$	Cash Aid (children only)				
\$	Other: \$ If you pay out child support, how much is it per month?								
PARENT/GUARDIAN # 2 INFORMATION									
Last name: First name: Primary language:									
Home phone	:	Work phone:		Cell phone:					
Are you currently receiving cash aid? Yes No If NO, have you received cash aid within the last two years? Yes No If YES last date of cash aid payment:									
	REAS	ON FOR NEEDI	ING CHILD CARE (Check all that	apply)					
□ Attending	Employer's Name/Zip Code:) School or Job Training (Name of Scholarsacitated/Disabled		Part-day preschool experience for	r child ∩NI V	□ Looking for Work□ Homeless/Seeking housing□ Migrant Worker				
☐ Medically Incapacitated/Disabled ☐ Part-day preschool experience for child ONLY ☐ Migrant Worker INCOME (Write total dollars, before taxes and deductions, for each source of income)									
MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE				
¢	Wages/salaries or income from	¢	Spaceal Support	¢	Food Stamps				
\$	self-employment Social Security Benefits	\$	Spousal Support State Disability	\$	Food Stamps Unemployment benefits				
\$	Worker's Compensation	\$	Child Support	\$	Pensions/Annuities				
\$	State Supplemental income	\$	Adoption Subsidies	\$	Cash Aid (children only)				
\$	Other:	\$	If you pay out child support, how	, ,,,					

Date of Application: _	
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	CHILDREN LIVIN	IG AT HOM	E (AI	I children in the	household un	ıder	18 or un	der age	22 if	disab	led)	
#1. First Name	#2. First Name Last Name											
Birth date:	Gender: M	F Preferred Zip codes for care:			Birth date:		Gender	· M	F F	Preferre	nd 7in (codes for care:
Dirtir date.	defider. With Freienau Zip codes for care.						Gender	. 101	' '	TOTOTTO	ou zip (odes for eare.
Care Needed: (Check all schedules that apply)					Care Needed:	(Ch	eck all sch	edules th	at app	ly)		
☐ Full time ☐ Part time ☐ Evenings ☐ Weekends ☐					\Box F	Part time	□ Ever	nings	□ V	Veeker	nds 🗆	
NONE					NONE	_						
Child School Name / Grade: District:					Child School Name / Grade: District:							
IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE				IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE								
F	COMPLETE HERE					COMPLETE HERE						
Foster Care	Social Worker's	Contact Number		Case Number	Foster Care		Social Worker's					Case Number
Payments \$	Name	Number			Payments	Name			Number			
Ψ					Ψ							
At Risk of Abuse,	Neglect or Exploita	ition? List	relate	ed siblings in the	At Risk of Abus	se, N	Neglect or E	Exploitat	ion?	List	related	siblings in the
(Must have a refe Referred by:	erral) 🗆 Yes 🗆	No san	ne hou	ısehold:	(Must have a re Referred by:	eferi	ral) 🗆 Ye	es 🗆 l	Vo	sam	e hous	ehold:
	nship To This Child				"Parents" Relat	tion ^q	ship To Thi	s Child	_			
	∃ Foster □ Guai		Adopti	ve Other:	□ Biological				lian	□ Ad	loptive	□ Other:
3			_ '		3						'	
#3. First Name		Last Name			#4. First Name	<u> </u>			Last Na	ame		
"O. I list Name		Lastivamo										
Birth date:	Gender: M	F Prefe	rred 7	ip codes for care:	Birth date:		Gender	· M	FF	Preferre	nd 7in (codes for care:
Dirtir date.	Gender. W	T TOO	iicu Zi	ip codes for care.	Birth date: Gender: M F Preferred Zip codes for care:							
	heck all schedules				Care Needed: (Check all schedules that apply)							
☐ Full time ☐ Pa	art time 🗆 Evening	s 🗆 Weeke	nds 🗆	NONE	☐ Full time ☐ Part time ☐ Evenings ☐ Weekends ☐ NONE							
Child School Nan	ne / Grade:	District:			Child School Name / Grade: District:							
IF CHILD IS	IN CHILD PROT COMPLE		RVIC	ES PLEASE	IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE							
Foster Care	Social Worker's	Contact		Coop Neurobon	Foster Care	Social Worker's			Contact			Casa Neuroban
Payments	Name	Number		Case Number	Payments		Name		Number			Case Number
\$					\$							
At Risk of Abuse	Neglect or Exploita	L ntion?	List	related siblings in	At Risk of Abus	se N	l Nealect or F	Exploitat	ion? (N	Just	List	related siblings
	erral) \square Yes \square			same household:	At Risk of Abuse, Neglect or Exploitation? (Must have a referral) Yes No in the same							
Referred by:					Referred by: household:							
	nship To This Child				"Parents" Relationship To This Child:							
☐ Biological ☐	☐ Foster ☐ Guar	rdian 🗆 <i>I</i>	Adopti	ve 🗆 Other:	□ Biological		Foster	□ Guard	lian		loptive	☐ Other:
	CHILD	REN WITH	SPEC	CIAL NEEDS, DIS	SABILITIES OF	R M	EDICAL C	CONDIT	IONS			
	Check all that ap	ply for eac	h chil	ld listed above		Cŀ	HILD # 1	CHILE) # 2	CHIL	D#3	CHILD # 4
Child has Individu	ual Family Services	Plan (IFSP)	(age 0	1-3)								
Child has an Individual Education Plan (IEP) ages 3 and older												
Receives Early Start/Regional Center services												
Receives services from local school district (special education)												
Developmental delays (cognitive, autism, Down syndrome, etc.)												
Developmental delays (physical motor) Social/Emotional delays or behavior												
Physical disability (cerebral palsy, spinal bifida, orthopedic limitations, etc.)												
Health/medical (asthma, diabetes, other)												
Speech/language												
Hearing/vision												